

FILED
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

JUL 14 2017

JEFFREY P. ALLSTEADT, CLERK
INTAKE 2

Fill in this information to identify your case:

United States Bankruptcy Court for the:
NORTHERN DISTRICT OF ILLINOIS

Case number (if known): _____ Chapter you are filing under:
☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

☐ Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together--called a joint case--and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Michael
First Name

Middle Name

Fasman
Last Name

Suffix (Sr., Jr., II, III)

Dina
First Name

Middle Name

Fasman
Last Name

Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

First Name

Middle Name

Last Name

First Name

Middle Name

Last Name

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 8 5 9 7

OR

9xx - xx -

xxx - xx - 9 8 8 9

OR

9xx - xx -

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

4. **Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

Include trade names and doing business as names

About Debtor 1:

☒ I have not used any business names or EINs.

Business name _____

Business name _____

Business name _____

EIN _____

EIN _____

About Debtor 2 (Spouse Only in a Joint Case):

☒ I have not used any business names or EINs.

Business name _____

Business name _____

Business name _____

EIN _____

EIN _____

5. **Where you live**

1402 Nottingham Ct., Suite C2

Number Street

Wheeling IL 60090

City State ZIP Code

Cook

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

1402 Nottingham Ct., Suite C2

Number Street

Wheeling IL 60090

City State ZIP Code

Cook

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City State ZIP Code

6. **Why you are choosing this district to file for bankruptcy**

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Check one:

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.
(See 28 U.S.C. § 1408.)

Part 2: Tell the Court About Your Bankruptcy Case

7. **The chapter of the Bankruptcy Code you are choosing to file under**

Check one: (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

☒ Chapter 7

☐ Chapter 11

☐ Chapter 12

☐ Chapter 13

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

8. How you will pay the fee

- ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the Application for Individuals to Pay Your Filing Fee in Installments (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

- ☒ No
☐ Yes.

District _____	When _____	Case number _____
	MM / DD / YYYY	
District _____	When _____	Case number _____
	MM / DD / YYYY	
District _____	When _____	Case number _____
	MM / DD / YYYY	

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

- ☒ No
☐ Yes.

Debtor _____	Relationship to you _____	
District _____	When _____	Case number, _____
	MM / DD / YYYY	if known
Debtor _____	Relationship to you _____	
District _____	When _____	Case number, _____
	MM / DD / YYYY	if known

11. Do you rent your residence?

- ☒ No. Go to line 12.
- ☐ Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

- ☒ No. Go to Part 4.
☐ Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a *small business debtor*?

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

- ☒ No. I am not filing under Chapter 11.
☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

For a definition of small business debtor, see 11 U.S.C. § 101(51D).

Part 4: Report If You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

- ☒ No
☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

Where is the property?

Number Street

City

State

ZIP Code

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- ☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- ☒ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- ☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

- ☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- ☐ I am not required to receive a briefing about credit counseling because of:

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?
- 16a. Are your debts primarily consumer debts? *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
- ☐ No. Go to line 16b.
☒ Yes. Go to line 17.
- 16b. Are your debts primarily business debts? *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.
- ☐ No. Go to line 16c.
☐ Yes. Go to line 17.
- 16c. State the type of debts you owe that are not consumer or business debts.
- _____

17. Are you filing under Chapter 7?
- Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?
- ☐ No. I am not filing under Chapter 7. Go to line 18.
☒ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
- ☒ No
☐ Yes
18. How many creditors do you estimate that you owe?
- | | | |
|-------------------------------------------|----------------------------------------|--------------------------------------------|
| <input type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |
19. How much do you estimate your assets to be worth?
- | | | |
|---------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |
20. How much do you estimate your liabilities to be?
- | | | |
|-----------------------------------------------------------|------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input checked="" type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

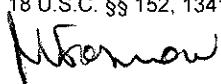
If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X



Michael Fasman, Debtor 1

Executed on 07/09/2017
MM / DD / YYYY

X



Dina Fasman, Debtor 2

Executed on 07/09/2017
MM / DD / YYYY

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page.

The law allows you, as an individual, to represent yourself in bankruptcy court, but **you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.**

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. **Bankruptcy fraud is a serious crime; you could be fined and imprisoned.**

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

Are you aware that filing for bankruptcy is a serious action with long-term financial and legal consequences?

☐ No
☒ Yes

Are you aware that bankruptcy fraud is a serious crime and that if your bankruptcy forms are inaccurate or incomplete, you could be fined or imprisoned?

☐ No
☒ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out your bankruptcy forms?

☐ No
☒ Yes. Name of Person **Daiva Indriuliene**

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

By signing here, I acknowledge that I understand the risks involved in filing without an attorney. I have read and understood this notice, and I am aware that filing a bankruptcy case without an attorney may cause me to lose my rights or property if I do not properly handle the case.

X 
Michael Fasman, Debtor 1

Date **07/09/2017**
MM / DD / YYYY

Contact phone _____

Cell phone **(847) 736-2279**

Email address _____

X 
Dina Fasman, Debtor 2

Date **07/09/2017**
MM / DD / YYYY

Contact phone _____

Cell phone **(847) 877-4917**

Email address _____

Fill in this information to identify your case:

Debtor 1	Michael		Fasman
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Dina		Fasman
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS			
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets

Your assets
Value of what you own

1. *Schedule A/B: Property* (Official Form 106A/B)
 - 1a. Copy line 55, Total real estate, from Schedule A/B..... **\$160,000.00**
 - 1b. Copy line 62, Total personal property, from Schedule A/B..... **\$12,965.16**
 - 1c. Copy line 63, Total of all property on Schedule A/B..... **\$172,965.16**

Part 2: Summarize Your Liabilities

Your liabilities
Amount you owe

2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)
 - 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D..... **\$195,102.10**
3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)
 - 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... **\$0.00**
 - 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... **+** **\$316,028.62**

Your total liabilities

\$511,130.72

Part 3: Summarize Your Income and Expenses

4. *Schedule I: Your Income* (Official Form 106I)

Copy your combined monthly income from line 12 of Schedule I..... **\$5,591.79**
5. *Schedule J: Your Expenses* (Official Form 106J)

Copy your monthly expenses from line 22c of Schedule J..... **\$5,496.88**

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

Part 4: Answer These Questions for Administrative and Statistical Records

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
☒ Yes

7. What kind of debt do you have?

- ☒ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$5,648.95

9. Copy the following special categories of claims from Part 4, line 6 of *Schedule E/F*:

Total claim

From Part 4 on *Schedule E/F*, copy the following:

9a. Domestic support obligations. (Copy line 6a.)	<u>\$0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	<u>\$0.00</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	<u>\$0.00</u>
9d. Student loans. (Copy line 6f.)	<u>\$12,303.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	<u>\$0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	<u>+ \$0.00</u>
9g. Total. Add lines 9a through 9f.	<u>\$12,303.00</u>

Fill in this information to identify your case and this filing:

Debtor 1	Michael		Fasman
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Dina		Fasman
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS			
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.
☒ Yes. Where is the property?

1.1. 1402 Nottingam Ct., Street address, if available, or other description	What is the property? Check all that apply. <input type="checkbox"/> Single-family home <input type="checkbox"/> Duplex or multi-unit building <input checked="" type="checkbox"/> Condominium or cooperative <input type="checkbox"/> Manufactured or mobile home <input type="checkbox"/> Land <input type="checkbox"/> Investment property <input type="checkbox"/> Timeshare <input type="checkbox"/> Other	Do not deduct secured claims or exemptions. Put the amount of any secured claims on <i>Schedule D: Creditors Who Have Claims Secured by Property</i> . <table border="1"> <tr> <th>Current value of the entire property?</th> <th>Current value of the portion you own?</th> </tr> <tr> <td>\$160,000.00</td> <td>\$160,000.00</td> </tr> </table> Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known. Primary Residence	Current value of the entire property?	Current value of the portion you own?	\$160,000.00	\$160,000.00
Current value of the entire property?	Current value of the portion you own?					
\$160,000.00	\$160,000.00					
Wheeling City	IL State					
60090 ZIP Code						
Cook County						
Two bedroom 2 bath condominium	Who has an interest in the property? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Check if this is community property (see instructions)				
Other information you wish to add about this item, such as local property identification number:						

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....

\$160,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- ☐ No
☒ Yes

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

3.1. **Who has an interest in the property?** Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Make: HONDA Check one.
Model: CR-V ☐ Debtor 1 only
Year: 2011 ☐ Debtor 2 only
Approximate mileage: 60,500 ☒ Debtor 1 and Debtor 2 only
Other information: ☐ At least one of the debtors and another \$8,200.00 \$8,200.00
2011 HONDA CR-V (approx. 60500 miles) ☐ Check if this is community property (see instructions)

4. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**
Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories
☒ No
☐ Yes

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here..... → **\$8,200.00**

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items? **Current value of the portion you own?**
Do not deduct secured claims or exemptions.

6. **Household goods and furnishings**
Examples: Major appliances, furniture, linens, china, kitchenware
☐ No
☒ Yes. Describe..... **General and ordinary household goods and furnishing** \$650.00

7. **Electronics**
Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games
☐ No
☒ Yes. Describe..... **TV, Computer** \$560.00

8. **Collectibles of value**
Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles
☒ No
☐ Yes. Describe..... _____

9. **Equipment for sports and hobbies**
Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments
☒ No
☐ Yes. Describe..... _____

10. **Firearms**
Examples: Pistols, rifles, shotguns, ammunition, and related equipment
☒ No
☐ Yes. Describe..... _____

11. **Clothes**
Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories
☐ No
☒ Yes. Describe..... **Necessary wearing appear** \$650.00

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

☐ No

☒ Yes. Describe..... **Costume jewelry**

\$60.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

☒ No

☐ Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

☒ No

☐ Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write the number here.....

\$1,920.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

☐ No

☒ Yes..... Cash: \$56.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

☐ No

☒ Yes..... Institution name:

17.1. Checking account: **Checking account Buffalo Grove Bank Trust #705615144** \$120.00

17.2. Savings account: **Savings account Buffalo Grove Bank Trust #7047078924** \$100.00

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

☒ No

☐ Yes..... Institution or issuer name:

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

- ☒ No
☐ Yes. Give specific information about them..... Name of entity: _____ % of ownership: _____

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

- ☒ No
☐ Yes. Give specific information about them..... Issuer name: _____

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

- ☐ No
☒ Yes. List each account separately. Type of account: _____ Institution name: _____

IRA: IRA, Principal Bank # 990000273170 \$2,569.16

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company
Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

- ☒ No
☐ Yes..... Institution name or individual: _____

23. Annuities (A contract for a specific periodic payment of money to you, either for life or for a number of years)

- ☒ No
☐ Yes..... Issuer name and description: _____

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

- ☒ No
☐ Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c)

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

- ☒ No
☐ Yes. Give specific information about them _____

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property;

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

- ☒ No
☐ Yes. Give specific information about them _____

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- ☒ No
☐ Yes. Give specific information about them _____

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

Money or property owed to you?

Current value of the
portion you own?
Do not deduct secured
claims or exemptions.

28. Tax refunds owed to you

- ☒ No
☐ Yes. Give specific information
about them, including whether
you already filed the returns
and the tax years.....

Federal: _____
State: _____
Local: _____

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

- ☒ No
☐ Yes. Give specific information

Alimony: _____
Maintenance: _____
Support: _____
Divorce settlement: _____
Property settlement: _____

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

- ☒ No
☐ Yes. Give specific information

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

- ☒ No
☐ Yes. Name the insurance
company of each policy
and list its value.....

Company name:

Beneficiary:

Surrender or refund value:

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died

- ☒ No
☐ Yes. Give specific information

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

- ☒ No
☐ Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

- ☒ No
☐ Yes. Describe each claim.....

35. Any financial assets you did not already list

- ☒ No
☐ Yes. Give specific information

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$2,845.16

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

- ☒ No. Go to Part 6.
☐ Yes. Go to line 38.

Current value of the
portion you own?
Do not deduct secured
claims or exemptions.

38. Accounts receivable or commissions you already earned

- ☒ No
☐ Yes. Describe.. _____

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones,
desks, chairs, electronic devices

- ☒ No
☐ Yes. Describe.. _____

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

- ☒ No
☐ Yes. Describe.. _____

41. Inventory

- ☒ No
☐ Yes. Describe.. _____

42. Interests in partnerships or joint ventures

- ☒ No
☐ Yes. Describe..... Name of entity: _____ % of ownership: _____

43. Customer lists, mailing lists, or other compilations

- ☒ No
☐ Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?
☐ No
☐ Yes. Describe..... _____

44. Any business-related property you did not already list

- ☒ No
☐ Yes. Give specific information.

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have
attached for Part 5. Write that number here..... →

\$0.00

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- ☒ No. Go to Part 7.
☐ Yes. Go to line 47.

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

Current value of the
portion you own?
Do not deduct secured
claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

- ☒ No
☐ Yes.....

48. Crops--either growing or harvested

- ☒ No
☐ Yes. Give specific
information.....

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

- ☒ No
☐ Yes.....

50. Farm and fishing supplies, chemicals, and feed

- ☒ No
☐ Yes.....

51. Any farm- and commercial fishing-related property you did not already list

- ☒ No
☐ Yes. Give specific
information.....

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here.....



\$0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- ☒ No
☐ Yes. Give specific information.

54. Add the dollar value of all of your entries from Part 7. Write that number here.....



\$0.00

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2.....	→	<u>\$160,000.00</u>
56. Part 2: Total vehicles, line 5	<u>\$8,200.00</u>	
57. Part 3: Total personal and household items, line 15	<u>\$1,920.00</u>	
58. Part 4: Total financial assets, line 36	<u>\$2,845.16</u>	
59. Part 5: Total business-related property, line 45	<u>\$0.00</u>	
60. Part 6: Total farm- and fishing-related property, line 52	<u>\$0.00</u>	
61. Part 7: Total other property not listed, line 54	<u>+\$0.00</u>	
62. Total personal property. Add lines 56 through 61.....	<div style="border: 1px solid black; padding: 2px;"><u>\$12,965.16</u></div>	Copy personal property total → <u>+\$12,965.16</u>
63. Total of all property on Schedule A/B. Add line 55 + line 62.....		<div style="border: 2px solid black; padding: 2px;"><u>\$172,965.16</u></div>

Fill in this information to identify your case:

Debtor 1	Michael		Fasman
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Dina		Fasman
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS			
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? *Check one only, even if your spouse is filing with you.*

- ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own Copy the value from <i>Schedule A/B</i>	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: Two bedroom 2 bath condominium Line from <i>Schedule A/B</i> : <u>1.1</u>	<u>\$160,000.00</u>	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: 2011 HONDA CR-V (approx. 60500 miles) Line from <i>Schedule A/B</i> : <u>3.1</u>	<u>\$8,200.00</u>	<input checked="" type="checkbox"/> \$5,627.32 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☒ No
☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
☐ No
☐ Yes

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: General and ordinary household goods and furnishing Line from Schedule A/B: <u>6</u>	<u>\$650.00</u>	<input checked="" type="checkbox"/> <u>\$650.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: TV, Computer Line from Schedule A/B: <u>7</u>	<u>\$560.00</u>	<input checked="" type="checkbox"/> <u>\$560.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Cash on hand Line from Schedule A/B: <u>16</u>	<u>\$56.00</u>	<input checked="" type="checkbox"/> <u>\$56.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Checking account Buffalo Grove Bank Trust #705615144 Line from Schedule A/B: <u>17.1</u>	<u>\$120.00</u>	<input checked="" type="checkbox"/> <u>\$120.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: Savings account Buffalo Grove Bank Trust #7047078924 Line from Schedule A/B: <u>17.2</u>	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: IRA, Principal Bank # 990000273170 Line from Schedule A/B: <u>21</u>	<u>\$2,569.16</u>	<input checked="" type="checkbox"/> <u>\$2,591.57</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)**

IN RE: **Michael Fasman
Dina Fasman**

CASE NO

CHAPTER 7

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Exemption Totals by Category:

(Values and liens of surrendered property are NOT included in this section)

Scheme Selected: **State**

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
1.	Real property	\$160,000.00	\$189,474.78	\$0.00	\$0.00	\$0.00
3.	Motor vehicles (cars, etc.)	\$8,200.00	\$5,627.32	\$2,572.68	\$5,627.32	\$0.00
4.	Water/Aircraft, Motor Homes, Rec. veh. and access.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6.	Household goods and furnishings	\$650.00	\$650.00	\$0.00	\$650.00	\$0.00
7.	Electronics	\$560.00	\$560.00	\$0.00	\$560.00	\$0.00
8.	Collectibles of value	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9.	Equipment for sports and hobbies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10.	Firearms	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11.	Clothes	\$650.00	\$650.00	\$0.00	\$0.00	\$0.00
12.	Jewelry	\$60.00	\$60.00	\$0.00	\$0.00	\$0.00
13.	Non-farm animals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14.	Unlisted pers. and household items- incl. health aids	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16.	Cash	\$56.00	\$56.00	\$0.00	\$56.00	\$0.00
17.	Deposits of money	\$220.00	\$220.00	\$0.00	\$220.00	\$0.00
18.	Bonds, mutual funds or publicly traded stocks	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19.	Non-pub. traded stock and int. in businesses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20.	Govt. and corp. bonds and other instruments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21.	Retirement or pension accounts	\$2,569.16	\$2,569.16	\$0.00	\$2,591.57	\$0.00
22.	Security deposits and prepayments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23.	Annuities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24.	Interests in an education IRA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25.	Trusts, equit. or future int. (not in line 1)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26.	Patents, copyrights, and other intellectual prop.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27.	Licenses, franchises, other general intangibles	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28.	Tax refunds owed to you	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)**

IN RE: **Michael Fasman
Dina Fasman**

CASE NO

CHAPTER 7

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet # 1

Exemption Totals by Category:

(Values and liens of surrendered property are NOT included in this section)

Scheme Selected: **State**

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
29.	Family support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30.	Other amounts someone owes you	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31.	Interests in insurance policies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
32.	Any int. in prop. due you from someone who has died	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33.	Claims vs. third parties, even if no demand	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
34.	Other contin. and unliq. claims of every nature	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
35.	Any financial assets you did not already list	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
38.	Accounts rec. or commissions you already earned	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
39.	Office equipment, furnishings, and supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
40.	Mach., fixt., equip., bus. suppl., tools of trade	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
41.	Inventory	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
42.	Interests in partnerships or joint ventures	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
43.	Customer and mailing lists, or other compilations	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
44.	Any business-related property not already listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
47.	Farm animals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
48.	Crops--either growing or harvested	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
49.	Farm/fishing equip., impl., mach., fixt., tools	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
50.	Farm and fishing supplies, chemicals, and feed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
51.	Farm/commercial fishing-related prop. not listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
53.	Any other property of any kind not already listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTALS:		\$172,965.16	\$199,867.26	\$2,572.68	\$9,704.89	\$0.00

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)

IN RE: Michael Fasman
Dina Fasman

CASE NO

CHAPTER 7

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet # 2

Surrendered Property:

The following property is to be surrendered by the debtor. Although this property is NOT exempt, it is NOT considered "non-exempt" for purposes of this analysis. The below listed items are to be returned to the lienholder.

Property Description	Market Value	Lien	Equity
<u>Real Property</u> (None)			
<u>Personal Property</u> (None)			
TOTALS:	\$0.00	\$0.00	\$0.00

Non-Exempt Property by Item:

The following property, or a portion thereof, is non-exempt.

Property Description	Market Value	Lien	Equity	Non-Exempt Amount
<u>Real Property</u> (None)				
<u>Personal Property</u> (None)				
TOTALS:	\$0.00	\$0.00	\$0.00	\$0.00

Summary	
A. Gross Property Value (not including surrendered property)	\$172,965.16
B. Gross Property Value of Surrendered Property	\$0.00
C. Total Gross Property Value (A+B)	\$172,965.16
D. Gross Amount of Encumbrances (not including surrendered property)	\$199,867.26
E. Gross Amount of Encumbrances on Surrendered Property	\$0.00
F. Total Gross Encumbrances (D+E)	\$199,867.26
G. Total Equity (not including surrendered property) / (A-D)	\$2,572.68
H. Total Equity in surrendered items (B-E)	\$0.00
I. Total Equity (C-F)	\$2,572.68
J. Total Exemptions Claimed	\$9,704.89
K. Total Non-Exempt Property Remaining (G-J)	\$0.00

Fill in this information to identify your case:

Debtor 1	Michael		Fasman
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Dina		Fasman
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS			
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List All Secured Claims

- 2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
\$5,627.32	\$8,200.00	

2.1

AMERICAN HONDA FINANCE
Creditor's name
2170 POINT BLVD; SUITE 100
Number Street

**2011 HONDA CR-V (approx.
60500 miles)**

Describe the property that secures the claim:

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset)

Purchase Money

ELGIN **IL** **60123**
City State ZIP Code

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☒ Check if this claim relates to a community debt

Date debt was incurred **08/2014** Last 4 digits of account number **8 0 7 4**

Add the dollar value of your entries in Column A on this page. Write that number here:

\$5,627.32

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

Part 1:

Additional Page

After listing any entries on this page, number them sequentially from the previous page.

Column A
Amount of claim
Do not deduct the value of collateral

Column B
Value of collateral that supports this claim

Column C
Unsecured portion if any

2.2

Describe the property that secures the claim:

\$189,474.78

\$160,000.00

\$29,474.78

Ocwen Loan Servicing

Creditor's name

12650 Ingenuity Dr.,

Number Street

Two bedroom, 2 bath condominium

Orlando

FL 32826

City

State

ZIP Code

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Who owes the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another

Nature of lien. Check all that apply.

- ☐ An agreement you made (such as mortgage or secured car loan)
☐ Statutory lien (such as tax lien, mechanic's lien)
☐ Judgment lien from a lawsuit
☒ Other (including a right to offset)

☐ Check if this claim relates to a community debt

Purchase Money

Date debt was incurred **12/2008**

Last 4 digits of account number

5 4 9 2

Add the dollar value of your entries in Column A on this page. Write that number here:

\$189,474.78

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$195,102.10

Fill in this information to identify your case:

Debtor 1	Michael		Fasman
	First Name	Middle Name	Last Name
Debtor 2	Dina		Fasman
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS			
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☒ No. Go to Part 2.
☐ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If more space is needed for priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
☒ Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.

If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If more space is needed for nonpriority unsecured claims, fill out the Continuation Page of Part 2.

Total claim

\$344.01

4.1

Advocate Lutheran General Hospital

Nonpriority Creditor's Name

Advocate Health Care

Number Street

P.O. Box: 4249

Carol Stream IL 60197

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **4 0 3 2**

When was the debt incurred? **09/2015**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Non-Purchase Money

4.2

Advocate Medical Group

Nonpriority Creditor's Name

P.O. Box: 92523

Number Street

Chicago IL 60675-2523

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **6 3 5 5**

When was the debt incurred? **09/2015**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Medical

\$49.16

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.3

\$18,564.09

ARS National Services, Inc

Nonpriority Creditor's Name

P.O. Box 469100

Number Street

Last 4 digits of account number 1 4 9 1

When was the debt incurred? 01/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Escondido CA 92046-9100

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Collecting for - CITI

4.4

\$3,000.00

Bank of America

Nonpriority Creditor's Name

PO Box 982236

Number Street

Last 4 digits of account number 8 8 3 1

When was the debt incurred? 12/2003

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

El Paso TX 79998

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Credit Card

4.5

\$3,000.00

Bank of America

Nonpriority Creditor's Name

400 Christiana Road

Number Street

Last 4 digits of account number _____

When was the debt incurred? 12/2003

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Newark DE 19713

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Credit Card

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.6

\$2,887.00

Bank of America

Nonpriority Creditor's Name
PO Box 982235

Number Street

El Paso TX 79998

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 7 2 1 6

When was the debt incurred? 03/2006

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Credit Card

4.7

\$8,126.00

Bank of America

Nonpriority Creditor's Name
PO Box 982235

Number Street

El Paso TX 79998

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 3 6 8 1

When was the debt incurred? 09/2012

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Credit Card

4.8

\$6,882.00

Bank of America

Nonpriority Creditor's Name
PO Box 982235

Number Street

El Paso TX 79998

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 8 9 6 1

When was the debt incurred? 03/2006

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Credit Card

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.9

\$5,755.00

Bank of America

Nonpriority Creditor's Name
P.O. Box 982235

Number Street

Last 4 digits of account number 0 0 3 1

When was the debt incurred? 02/2004

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

El Paso TX 79998

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Credit Card

4.10

\$5.00

Capital One

Nonpriority Creditor's Name
1441 Schilling Place

Number Street

Last 4 digits of account number 8 0 5 5

When was the debt incurred? 04/2005

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Salinas CA 93901

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Credit Card

4.11

\$500.00

CAPITAL ONE

Nonpriority Creditor's Name
PO BOX 85064

Number Street

Last 4 digits of account number _____

When was the debt incurred? 04/2002

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

GLENN ALLEN VA 23058

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Credit Card

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.12

\$505.00

Capital One - BK

Nonpriority Creditor's Name

PO Box 85167

Number Street

Richmond VA 23285.5167

Last 4 digits of account number 6 4 6 4

When was the debt incurred? 09/2005

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Credit Card

4.13

\$304.00

Capital One - BK

Nonpriority Creditor's Name

PO Box 85167

Number Street

Richmond VA 23285.5167

Last 4 digits of account number 4 9 8 7

When was the debt incurred? 02/2006

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Credit Card

4.14

\$1,000.00

Capital One - BK

Nonpriority Creditor's Name

PO Box 85167

Number Street

Richmond VA 23285.5167

Last 4 digits of account number 5 9 6 0

When was the debt incurred? 12/2004

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Credit Card

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.15

\$109.00

Capital One/Best Buy

Nonpriority Creditor's Name

1405 Foulk Roud

Number Street

Wilmington DE 19808

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.16

\$981.00

CB/JCREW

Nonpriority Creditor's Name

P.O. Box 182273

Number Street

Columbus OH 43218

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.17

\$600.00

CBNA

Nonpriority Creditor's Name

PO Box 15687

Number Street

Wilmington DE 19880

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number 5 1 9 8

When was the debt incurred? 11/2004

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Credit Card

Last 4 digits of account number 0 8 0 4

When was the debt incurred? 08/2011

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Credit Card

Last 4 digits of account number 4 2 3 7

When was the debt incurred? 12/2001

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Line of Credit

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.18

\$4,254.00

Chase

Nonpriority Creditor's Name

201 N Walnut St

Number Street

Mailstop DE1-1027

Wilmington

DE

19801

City State ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **8 4 1 6**

When was the debt incurred? **01/2012**

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Credit Card

4.19

\$5,100.00

Chase Card

Nonpriority Creditor's Name

800 Brooksedge Blvd

Number Street

Westerville

OH

43081

City State ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **7 0 0 1**

When was the debt incurred? **06/2002**

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Credit Card

4.20

\$1,800.00

Chase Card

Nonpriority Creditor's Name

800 Brooksedge Blvd

Number Street

Westerville

OH

43081

City State ZIP Code

Who incurred the debt? Check one.

☐ Debtor 1 only

☐ Debtor 2 only

☒ Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community debt

Is the claim subject to offset?

☒ No

☐ Yes

Last 4 digits of account number **6 5 4 6**

When was the debt incurred? **10/2005**

As of the date you file, the claim is: Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

☒ Other. Specify

Credit Card

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.21

\$5,000.00

Chase Card

Nonpriority Creditor's Name
800 Brookside Blvd
Number Street

Last 4 digits of account number 6 5 2 6

When was the debt incurred? 12/2003

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Westerville OH 43081
City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Credit Card

4.22

\$4,000.00

Citi

Nonpriority Creditor's Name
P.O. Box 6500
Number Street

Last 4 digits of account number 5 9 2 6

When was the debt incurred? 10/2004

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Sioux Falls SD 57117
City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Credit Card

4.23

\$4,000.00

Citi

Nonpriority Creditor's Name
P.O. Box 6500
Number Street

Last 4 digits of account number 0 7 4 9

When was the debt incurred? 12/2007

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Sioux Falls SD 57117
City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Credit Card

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$18,564.00

4.24

Citi

Nonpriority Creditor's Name

P.O. Box 6500 C/O Citi Corp

Number Street

Last 4 digits of account number **4 7 7 2**

When was the debt incurred? **01/2006**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Sioux Falls SD 57117

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Credit Card

4.25

Citi

Nonpriority Creditor's Name

PO Box 6500 C/O Citi Corp

Number Street

Last 4 digits of account number **5 4 0 7**

When was the debt incurred? **01/2013**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Sioux Falls SD 57117

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Credit Card

4.26

Citizens One

Nonpriority Creditor's Name

1000 Lafayette Blvd.,

Number Street

Last 4 digits of account number **0 1 8 3**

When was the debt incurred? **10/2004**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Bridgeport CA 06604

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Credit Card

\$4,210.00

Debtor 1 Michael Fasman
Debtor 2 Dina Fasman

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.27

\$8,130.00

CLIENT SERVICES

Nonpriority Creditor's Name
3451 HARRY S TRUMAN BLVD
Number Street

Last 4 digits of account number 5 5 2 8

When was the debt incurred? 05/18/2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

SAINT CHARLES MO 63301-4047
City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Collecting for - Bank of America

4.28

\$5,756.00

CLIENT SERVICES

Nonpriority Creditor's Name
3451 HARRY S TRUMAN BLVD
Number Street

Last 4 digits of account number 5 9 1 3

When was the debt incurred? 05/18/2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

SAINT CHARLES MO 63301-4047
City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Collecting for - Bank Of America

4.29

\$6,883.00

CLIENT SERVICES

Nonpriority Creditor's Name
3451 HARRY S TRUMAN BLVD
Number Street

Last 4 digits of account number 6 5 7 4

When was the debt incurred? 05/18/2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

SAINT CHARLES MO 63301-4047
City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Collecting for - Bank Of America

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

\$1,064.00

4.30

CLIENT SERVICES

Nonpriority Creditor's Name
3451 HARRY S TRUMAN BLVD
Number Street

Last 4 digits of account number **6 3 8 7**

When was the debt incurred? **01/04/2017**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

SAINT CHARLES MO 63301-4047
City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for - CHASE BANK

4.31

Comenity Bank

Nonpriority Creditor's Name
P.O. Box 182125
Number Street

Last 4 digits of account number _____

When was the debt incurred? **10/2015**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Columbus OH 43218-2125
City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for - JCrew credit card

4.32

Credit Control, LLC

Nonpriority Creditor's Name
P.O. Box: 546
Number Street

Last 4 digits of account number **3 8 0 7**

When was the debt incurred? **02/2016**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Hazelwood MO 63042-0546
City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for - Bank of America

\$8,126.35

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.33

\$6,882.86

Credit Control, LLC

Nonpriority Creditor's Name

P.O. Box: 546

Number Street

Last 4 digits of account number **4 8 2 0**

When was the debt incurred? **02/2016**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Hazelwood MO 63042-0546

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for - Bank of America

4.34

\$5,755.34

Credit Control, LLC

Nonpriority Creditor's Name

P.O. Box: 546

Number Street

Last 4 digits of account number **5 1 6 3**

When was the debt incurred? **02/2016**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Hazelwood MO 63042-0546

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for - Bank of America

4.35

\$12,303.00

Department of Education

Nonpriority Creditor's Name

P.O. Box: 9655

Number Street

Last 4 digits of account number **0 1 3 0**

When was the debt incurred? **05/2013**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Wilkes-Barre PA 18773

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☒ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☐ Other. Specify

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.36

\$6,180.00

Discover Bank

Nonpriority Creditor's Name

P.O. Box 15316

Number Street

Last 4 digits of account number **8 0 2 8**

When was the debt incurred? **09/2002**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Wilmington DE 19850

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Credit Card

4.37

\$6,882.86

Global Credit & Collection Corp

Nonpriority Creditor's Name

5440 N. Cumberland Ave., Suite 300

Number Street

Last 4 digits of account number **7 4 4 0**

When was the debt incurred? **01/2016**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Chicago IL 60656-1490

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Collecting for - Banl of America

4.38

\$8,126.35

Global Credit & Collection Corp

Nonpriority Creditor's Name

5440 N. Cumberland Ave., Suite 300

Number Street

Last 4 digits of account number **7 5 8 9**

When was the debt incurred? **01/2016**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Chicago IL 60656-1490

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Collecting for - Bank of America

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.39

\$5,755.34

Global Credit & Collection Corp

Nonpriority Creditor's Name

5440 N. Cumberland Ave., Suite 300

Number Street

Last 4 digits of account number **8 4 4 9**

When was the debt incurred? **01/2016**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Chicago IL 60656-1490

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for - Bank of America

4.40

\$365.00

Harris & Harris Ltd

Nonpriority Creditor's Name

111 West Jackson Boulevard

Number Street

Suite 400

Last 4 digits of account number **4 6 4 4**

When was the debt incurred? **11/2015**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Chicago IL 60604-4134

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for - Northwestern Medicine

4.41

\$365.00

Harris & Harris Ltd

Nonpriority Creditor's Name

111 West Jackson Boulevard

Number Street

Suite 400

Last 4 digits of account number **6 2 4 4**

When was the debt incurred? **01/2015**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Chicago IL 60604-4134

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for - Northwestern Medicine

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.42

\$1,569.75

IL Bone amd Joint Institute

Nonpriority Creditor's Name

5057 Paysphere Circle,

Number Street

Last 4 digits of account number 5 4 9 2

When was the debt incurred? 11/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Chicago IL 60674

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Non-Purchase Money

4.43

\$129.76

IL Bone amd Joint Institute

Nonpriority Creditor's Name

5057 Paysphere Circle,

Number Street

Last 4 digits of account number 5 4 9 2

When was the debt incurred? 11/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Chicago IL 60674

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Non-Purchase Money

4.44

\$335.00

IL Bone amd Joint Institute

Nonpriority Creditor's Name

5057 Paysphere Circle,

Number Street

Last 4 digits of account number 5 4 9 2

When was the debt incurred? 11/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Chicago IL 60674

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Non-Purchase Money

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.45

\$1,608.00

IL Bone amd Joint Institute

Nonpriority Creditor's Name

5057 Paysphere Circle,

Number Street

Last 4 digits of account number 5 4 9 2

When was the debt incurred? 02/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Non-Purchase Money

Chicago

IL 60674

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.46

\$33.99

IL Bone amd Joint Institute

Nonpriority Creditor's Name

5057 Paysphere Circle,

Number Street

Last 4 digits of account number 5 4 9 2

When was the debt incurred? 12/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Non-Purchase Money

Chicago

IL 60674

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.47

\$129.76

IL Bone amd Joint Institute

Nonpriority Creditor's Name

5057 Paysphere Circle,

Number Street

Last 4 digits of account number 5 4 9 2

When was the debt incurred? 01/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Non-Purchase Money

Chicago

IL 60674

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.48

\$144.58

IL Bone amd Joint Institute

Nonpriority Creditor's Name
5057 Paysphere Circle,
Number Street

Last 4 digits of account number 5 4 9 2

When was the debt incurred? 01/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Chicago **IL** **60674**
City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Non-Purchase Money

4.49

\$77.87

IL Bone amd Joint Institute

Nonpriority Creditor's Name
5057 Paysphere Circle,
Number Street

Last 4 digits of account number 5 4 9 2

When was the debt incurred? 12/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Chicago **IL** **60674**
City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Non-Purchase Money

4.50

\$1,940.23

IL Bone amd Joint Institute

Nonpriority Creditor's Name
5057 Paysphere Circle,
Number Street

Last 4 digits of account number 5 4 9 2

When was the debt incurred? 01/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Chicago **IL** **60674**
City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Non-Purchase Money

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.51

\$1,608.26

IL Bone amd Joint Institute

Nonpriority Creditor's Name

5057 Paysphere Circle,

Number Street

Chicago

IL

60674

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **5 4 9 2**

When was the debt incurred? **12/2015**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Non-Purchase Money

4.52

\$2,058.43

IL Bone amd Joint Institute

Nonpriority Creditor's Name

5057 Paysphere Circle,

Number Street

Chicago

IL

60674

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **5 4 9 2**

When was the debt incurred? **02/2016**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Non-Purchase Money

4.53

\$144.58

IL Bone amd Joint Institute

Nonpriority Creditor's Name

5057 Paysphere Circle,

Number Street

Chicago

IL

60674

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **5 4 9 2**

When was the debt incurred? **12/2015**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Non-Purchase Money

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.54

\$203.86

IL BONE AND JOINT INSTITUTE REHAB

Nonpriority Creditor's Name

5057 PAYSHERE CIRCLE

Number Street

Last 4 digits of account number 5 4 9 2

When was the debt incurred? 03/03/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

CHICAGO IL 60674-5057

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Non-Purchase Money

4.55

\$183.26

IL BONE AND JOINT INSTITUTE REHAB

Nonpriority Creditor's Name

5057 PAYSHERE CIRCLE

Number Street

Last 4 digits of account number 5 4 9 2

When was the debt incurred? 02/18/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

CHICAGO IL 60674-5057

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Non-Purchase Money

4.56

\$1,485.78

Illinois Collection Service, Inc

Nonpriority Creditor's Name

P.O. Box: 1010

Number Street

Last 4 digits of account number 8 0 1 9

When was the debt incurred? 16818019

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Tinley Park IL 60477-9110

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for - Ravine Way Surgery Centers

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.57

\$100.00

MCYDSNB

Nonpriority Creditor's Name
9111 Duke Blvd.

Number Street

Last 4 digits of account number _____

When was the debt incurred? **08/20013**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Mason OH 45040
City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Credit Card

4.58

\$9,139.00

Midland Credit Management, Inc

Nonpriority Creditor's Name

8875 Arrow Drive Suite 200

Number Street

Last 4 digits of account number **2 9 5 7**

When was the debt incurred? **05/2015**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

San Diego CA 92123
City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Collecting for - CITIBANK

4.59

\$4,255.00

NATIONWIDE CREDIT, INC

Nonpriority Creditor's Name

P.O. BOX: 14581

Number Street

Last 4 digits of account number **8 4 7 4**

When was the debt incurred? **03/20/2017**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

DES MOINES IA 50306-3581
City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify
Collecting for - CHASE BANK

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.60

\$5,755.34

NES of Ohio

Nonpriority Creditor's Name

29125 Solon Rd

Number Street

Last 4 digits of account number **4 4 9 5**

When was the debt incurred? **04/2015**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Solon OH 44139-3442

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for - Bank of America

4.61

\$8,126.35

NES of Ohio

Nonpriority Creditor's Name

29125 Solon Rd

Number Street

Last 4 digits of account number **4 7 1 8**

When was the debt incurred? **04/2015**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Solon OH 44139-3442

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for - Bank of America

4.62

\$6,882.86

NES of Ohio

Nonpriority Creditor's Name

29125 Solon Rd

Number Street

Last 4 digits of account number **4 6 8 2**

When was the debt incurred? **04/2015**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Solon OH 44139-3442

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for - Bank of America

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.63

\$10,951.68

Northland Group Inc.

Nonpriority Creditor's Name

PO Box 390900

Number Street

Minneapolis, MN 55439

Mail Code UBNB

Last 4 digits of account number 0 6 0 0

When was the debt incurred? 01/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for - US Bank

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.64

\$3,282.00

NORTHLAND GROUP, INC

Nonpriority Creditor's Name

P.O. BOX: 390846

Number Street

MAIL CODE S0062

Last 4 digits of account number 6 7 6 3

When was the debt incurred? 05/21/2017

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for - CITIBANK

MINNEAPOLIS MN 55439

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

4.65

\$304.50

NorthShore University HealthSystem

Nonpriority Creditor's Name

Billing Department

Number Street

23056 Network Place

Last 4 digits of account number 8 1 9 8

When was the debt incurred? 01/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Non-Purchase Money

Chicago IL 60673-1230

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.66

\$240.20

Pinnacle Management Services

Nonpriority Creditor's Name

830 Roundabout, Suite B

Number Street

West Dundee

IL

60118

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **5 7 0 1**

When was the debt incurred? **09/2015**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for - NorthShore University

4.67

\$64.30

Pinnacle Management Services

Nonpriority Creditor's Name

830 Roundabout, Suite B

Number Street

West Dundee

IL

60118

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **9 0 1 4**

When was the debt incurred? **09/2015**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for - NorthShore University

4.68

\$1,500.00

PNC Bank

Nonpriority Creditor's Name

P.O. Box 500k-A16-2j

Number Street

Portage, MI 888-762-2265

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **2 7 1 6**

When was the debt incurred? **02/2004**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Credit Card

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.69

\$8,800.00

PNC Bank

Nonpriority Creditor's Name

P.O. Box 3180

Number Street

Pittsburgh.

PA

15222

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **7 5 6 2**

When was the debt incurred? **04/2005**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Credit Card

4.70

\$981.55

Portfolio Recovery Associates LLC

Nonpriority Creditor's Name

P.O. Box 12914

Number Street

Norfolk

VA

23541

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **5 0 8 7**

When was the debt incurred? **11/2015**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for - J. Crew

4.71

\$1,485.78

Ravine Way Surgery Center LLC

Nonpriority Creditor's Name

231 West Dresden

Number Street

Palatine

IL

60067

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Last 4 digits of account number **6 9 9 1**

When was the debt incurred? **12/2015**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Non-Purchase Money

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.72

\$20,764.55

SUNRISE CREDIT SERVICES, INC

Nonpriority Creditor's Name
P.O. BOX: 9100

Number Street

Last 4 digits of account number **4 0 5 2**

When was the debt incurred? **12/10/2016**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

FARMINGDALE NY 11735-9100

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for - BANK OF AMERICA

4.73

\$1,024.00

SYNCB/GAP

Nonpriority Creditor's Name

PO BOX 981400

Number Street

Last 4 digits of account number **5 4 4 3**

When was the debt incurred? **08/2010**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

El Paso TX 79998

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Credit Card

4.74

\$3,317.10

United Collection Bureau inc

Nonpriority Creditor's Name

5620 Southwyck Blvd #206

Number Street

Last 4 digits of account number **0 5 1 0**

When was the debt incurred? **01/2016**

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Toledo OH 43614

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☒ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for - CITIBANK

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.75

\$49.16

UNITED RECOVERY SERVICE, L.L.C.

Nonpriority Creditor's Name

18525 TORRENCE AVE., SUITE C-6

Number Street

Last 4 digits of account number 7 7 3 4

When was the debt incurred? 2/12/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

LANSING IL 60438

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for - ADVOCATE MED GRP

4.76

\$10,951.68

United Recovery Systems, LP

Nonpriority Creditor's Name

PO Box 722929

Number Street

Last 4 digits of account number 5 7 6 4

When was the debt incurred? 09/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Houston TX 77272-2929

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for - U.S. Bank

4.77

\$10,951.00

US Bank

Nonpriority Creditor's Name

3881 Gravois Ave

Number Street

Last 4 digits of account number 4 3 9 3

When was the debt incurred? 03/2012

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

St. Louis MO 63116

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Credit Card

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims -- Continuation Page

After listing any entries on this page, number them sequentially from the previous page.

Total claim

4.78

\$218.10

Van Ru Credit Corp

Nonpriority Creditor's Name

1350 E Touhy Ave., Suite 300E

Number Street

Last 4 digits of account number 4 0 5 5

When was the debt incurred? 01/2016

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Des Plaines

IL

60018-9207

City State ZIP Code

Who incurred the debt? Check one.

- ☒ Debtor 1 only
☐ Debtor 2 only
☐ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for - NorthShore University

4.79

\$8,800.00

Weltman, Weinberg & Reis Co., LPA

Nonpriority Creditor's Name

323 W Lakeside Ave., Suite 200

Number Street

Last 4 digits of account number 8 3 8 1

When was the debt incurred? 09/2015

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Cleveland

OH

44113-1009

City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only
☐ Debtor 2 only
☒ Debtor 1 and Debtor 2 only
☐ At least one of the debtors and another
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No
☐ Yes

Type of NONPRIORITY unsecured claim:

- ☐ Student loans
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims
☐ Debts to pension or profit-sharing plans, and other similar debts
☒ Other. Specify

Collecting for - PNC Bank

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only.
28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

		Total claim
Total claims from Part 1	6a. Domestic support obligations	6a. <u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$0.00</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + <u>\$0.00</u>
	6e. Total. Add lines 6a through 6d.	6d. <u>\$0.00</u>

		Total claim
Total claims from Part 2	6f. Student loans	6f. <u>\$12,303.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + <u>\$303,725.62</u>
	6j. Total. Add lines 6f through 6i.	6j. <u>\$316,028.62</u>

Fill in this information to identify your case:

Debtor 1	Michael		Fasman
	First Name	Middle Name	Last Name
Debtor 2	Dina		Fasman
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS			
Case number (if known)			

☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

Fill in this information to identify your case:

Debtor 1	<u>Michael</u>		<u>Fasman</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Dina</u>		<u>Fasman</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u>			
Case number (if known)	_____		

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)
☒ No
☐ Yes
2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)
☒ No. Go to line 3.
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?
☐ No
☐ Yes
3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Fill in this information to identify your case:

Debtor 1	<u>Michael</u>		<u>Fasman</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Dina</u>		<u>Fasman</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u>			
Case number (if known) _____			

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

- ☒ Employed
☐ Not employed

Wound Care Specialist

HCR Manor Care

3300 Milwaukee Ave.,
Number Street

Northbrook IL 60062
City State Zip Code

How long employed there? 11 years

Debtor 2 or non-filing spouse

- ☒ Employed
☐ Not employed

Teacher assistant

Da Vinci Waldorf School

150 W. Bonner Rd.,
Number Street

Wauconda IL 60084
City State Zip Code

1 YEAR

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	<u>\$5,931.88</u>	<u>\$1,824.40</u>
3. Estimate and list monthly overtime pay.	<u>\$0.00</u>	<u>\$0.00</u>
4. Calculate gross income. Add line 2 + line 3.	<u>\$5,931.88</u>	<u>\$1,824.40</u>

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here → 4.	\$5,931.88	\$1,824.40
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	\$1,268.95	\$365.50
5b. Mandatory contributions for retirement plans	\$355.92	\$0.00
5c. Voluntary contributions for retirement plans	\$5.14	\$0.00
5d. Required repayments of retirement fund loans	\$0.00	\$0.00
5e. Insurance	\$158.04	\$0.00
5f. Domestic support obligations	\$0.00	\$0.00
5g. Union dues	\$0.00	\$0.00
5h. Other deductions. Specify: LEGAL SERVICES	\$10.94	\$0.00
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	\$1,798.99	\$365.50
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	\$4,132.89	\$1,458.90
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	\$0.00	\$0.00
8b. Interest and dividends	\$0.00	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	\$0.00	\$0.00
8d. Unemployment compensation	\$0.00	\$0.00
8e. Social Security	\$0.00	\$0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	\$0.00	\$0.00
8g. Pension or retirement income	\$0.00	\$0.00
8h. Other monthly income. Specify: _____	\$0.00	\$0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	\$0.00	\$0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	\$4,132.89	\$1,458.90
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____		\$0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies.		\$5,591.79 Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form? <input checked="" type="checkbox"/> No. None. <input type="checkbox"/> Yes. Explain: _____		

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

1. Additional Employers Debtor 1

Debtor 2 or non-filing spouse

Occupation **LifeCare Home Health & In Home Service**

Employer's name **3400 Dundee Rd.,**

Employer's address _____

Northbrook IL 60062

City State Zip Code

City State Zip Code

How long employed there? **4 months**

Fill in this information to identify your case:

Debtor 1 Michael Fasman
First Name Middle Name Last Name

Debtor 2 Dina Fasman
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number
(if known) _____

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☐ No. Go to line 2.
- ☒ Yes. Does Debtor 2 live in a separate household?
- ☒ No
- ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
<u>Son</u>	<u>7</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<u>Son</u>	<u>4</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence.
Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

Your expenses

4. \$1,283.68

4a. \$242.00

4b. \$32.00

4c. _____

4d. \$246.00

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

	<u>Your expenses</u>
5. Additional mortgage payments for your residence, such as home equity loans	5. _____
6. Utilities:	
6a. Electricity, heat, natural gas	6a. <u>\$316.00</u>
6b. Water, sewer, garbage collection	6b. <u>\$82.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. <u>\$292.00</u>
6d. Other. Specify: _____	6d. _____
7. Food and housekeeping supplies	7. <u>\$1,100.00</u>
8. Childcare and children's education costs	8. <u>\$400.00</u>
9. Clothing, laundry, and dry cleaning	9. <u>\$210.00</u>
10. Personal care products and services	10. <u>\$70.00</u>
11. Medical and dental expenses	11. <u>\$450.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. <u>\$195.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. <u>\$60.00</u>
14. Charitable contributions and religious donations	14. _____
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. <u>\$135.00</u>
15b. Health insurance	15b. _____
15c. Vehicle insurance	15c. <u>\$128.20</u>
15d. Other insurance. Specify: _____	15d. _____
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. _____
17. Installment or lease payments:	
17a. Car payments for Vehicle 1 HONDA CR-V	17a. <u>\$255.00</u>
17b. Car payments for Vehicle 2	17b. _____
17c. Other. Specify: _____	17c. _____
17d. Other. Specify: _____	17d. _____
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. _____
19. Other payments you make to support others who do not live with you. Specify: _____	19. _____

Debtor 1 **Michael Fasman**
 Debtor 2 **Dina Fasman**

Case number (if known) _____

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.

20a. Mortgages on other property	20a. _____
20b. Real estate taxes	20b. _____
20c. Property, homeowner's, or renter's insurance	20c. _____
20d. Maintenance, repair, and upkeep expenses	20d. _____
20e. Homeowner's association or condominium dues	20e. _____

21. Other. Specify: _____ 21. **+** _____

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.	22a. \$5,496.88
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b. _____
22c. Add line 22a and 22b. The result is your monthly expenses.	22c. \$5,496.88

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$5,591.79
23b. Copy your monthly expenses from line 22c above.	23b. -\$5,496.88
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$94.91

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here:

None.

Fill in this information to identify your case:

Debtor 1	<u>Michael</u>		<u>Fasman</u>
	First Name	Middle Name	Last Name
Debtor 2	<u>Dina</u>		<u>Fasman</u>
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u>			
Case number (if known)	_____		

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.


Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☐ No

☒ Yes. Name of person Daiva Indriuliene Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X 
Michael Fasman, Debtor 1

Date 07/09/2017
MM / DD / YYYY

X 
Dina Fasman, Debtor 2

Date 07/09/2017
MM / DD / YYYY

Fill in this information to identify your case:

Debtor 1	<u>Michael</u>		<u>Fasman</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Dina</u>		<u>Fasman</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u>			
Case number (if known)			

☐ Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. **What is your current marital status?**
☒ Married
☐ Not married
2. **During the last 3 years, have you lived anywhere other than where you live now?**
☒ No
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.
3. **Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?**
(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)
☒ No
☐ Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No
☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of the current year until the date you filed for bankruptcy:	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	<u>\$29,502.75</u>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	<u>\$5,443.37</u>
	<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business	
For the last calendar year: (January 1 to December 31, <u>2016</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	<u>\$67,679.00</u>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	<u>\$12,600.00</u>
	<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business	
For the calendar year before that: (January 1 to December 31, <u>2015</u>) YYYY	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	<u>\$61,045.00</u>	<input type="checkbox"/> Wages, commissions, bonuses, tips	<u>\$0.00</u>
	<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business	

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☒ No
☐ Yes. Fill in the details.

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?

- ☐ No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

- ☐ No. Go to line 7.
- ☐ Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- ☐ No. Go to line 7.
- ☒ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Ocwen Loan Servicing				
Creditor's name		\$3,720.00	\$189,474.78	<input checked="" type="checkbox"/> Mortgage
12650 Ingenuity Dr.,	06/01/2017			<input type="checkbox"/> Car
Number Street	05/01/2017			<input type="checkbox"/> Credit card
	04/01/2017			<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other _____
Orlando FL 32826				
City State ZIP Code				
AMERICAN HONDA FINANCE				
Creditor's name		\$765.00	\$5,627.32	<input type="checkbox"/> Mortgage
2170 POINT BLVD; SUITE 100	06/13/2017			<input checked="" type="checkbox"/> Car
Number Street	05/13/2017			<input type="checkbox"/> Credit card
	04/13/2017			<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
				<input type="checkbox"/> Other _____
ELGIN IL 60123				
City State ZIP Code				

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**
Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations such as child support and alimony.

- ☒ No
☐ Yes. List all payments to an insider.

8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
☐ Yes. List all payments that benefited an insider.

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No
☒ Yes. Fill in the details.

Case title	Nature of the case	Court or agency	Status of the case
NOTICE OF MOTION	MOTION TO CORRECT COURT RECORD	THE CIRCUIT COURT OF COOK COUNTY	<input type="checkbox"/> Pending
		Court Name	
		5600 Old Orchard Rd,	<input type="checkbox"/> On appeal
		Number Street	
Case number 16 M3 005553			<input checked="" type="checkbox"/> Concluded
		Sokie IL 60077	
		City State ZIP Code	

10. **Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

- ☒ No. Go to line 11.
☐ Yes. Fill in the information below.

11. **Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**

- ☒ No
☐ Yes. Fill in the details.

12. **Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**

- ☒ No
☐ Yes

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
☐ Yes. Fill in the details for each gift.

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No
☐ Yes. Fill in the details for each gift or contribution.

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No
☐ Yes. Fill in the details.

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required for your bankruptcy.

- ☒ No
☐ Yes. Fill in the details.

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

- ☒ No
☐ Yes. Fill in the details.

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No
☐ Yes. Fill in the details.

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

- ☒ No
☐ Yes. Fill in the details.

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No
☐ Yes. Fill in the details.

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No
☐ Yes. Fill in the details.

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No
☐ Yes. Fill in the details.

Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- ☒ No
☐ Yes. Fill in the details.

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar item.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
☐ Yes. Fill in the details.

Debtor 1 **Michael Fasman**
Debtor 2 **Dina Fasman**

Case number (if known) _____

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Fill in the details.

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
☐ Yes. Fill in the details.

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)
☐ A partner in a partnership
☐ An officer, director, or managing executive of a corporation
☐ An owner of at least 5% of the voting or equity securities of a corporation

- ☒ No. None of the above applies. Go to Part 12.
☐ Yes. Check all that apply above and fill in the details below for each business.

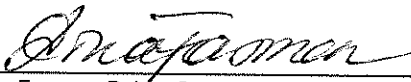
28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☐ No
☐ Yes. Fill in the details below.

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X 
Michael Fasman, Debtor 1

X 
Dina Fasman, Debtor 2

Date 07/09/2017

Date 07/09/2017

Did you attach additional pages to Your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☒ No
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☐ No
☒ Yes. Name of person Daiva Indriuliene

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1 **Michael** **Fasman**
First Name Middle Name Last Name

Debtor 2 **Dina** **Fasman**
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF ILLINOIS**

Case number _____
(if known)

☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Hold Secured Claims

1. For any creditors that you listed in Part 1 of *Schedule D: Creditors Who Hold Claims Secured by Property* (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral

What do you intend to do with the property that secures a debt?

Did you claim the property as exempt on Schedule C?

Creditor's name: **AMERICAN HONDA FINANCE**
 Description of property securing debt: **2011 HONDA CR-V (approx. 60500 miles)**

- ☐ Surrender the property.
☐ Retain the property and redeem it.
☒ Retain the property and enter into a *Reaffirmation Agreement*.
☐ Retain the property and [explain]:

- ☐ No
☒ Yes

Creditor's name: **Ocwen Loan Servicing**
 Description of property securing debt: **Two bedroom, 2 bath condominium**

- ☐ Surrender the property.
☐ Retain the property and redeem it.
☒ Retain the property and enter into a *Reaffirmation Agreement*.
☒ Retain the property and [explain]:

- ☐ No
☒ Yes

Debt will be reaffirmed for fair market value.

Debtor 1 Michael Fasman
Debtor 2 Dina Fasman

Case number (if known) _____

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G), fill in the information below. Do not list real estate leases. *Unexpired leases* are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

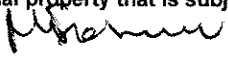
Will this lease be assumed?

None.

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and personal property that is subject to an unexpired lease.

X



Michael Fasman, Debtor 1

X



Dina Fasman, Debtor 2

Date 07/09/2017
MM / DD / YYYY

Date 07/09/2017
MM / DD / YYYY

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)**

IN RE: **Michael Fasman**
Dina Fasman

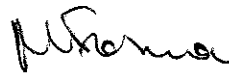
CASE NO

CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 7/9/2017

Signature 
Michael Fasman

Date 7/9/2017

Signature 
Dina Fasman

Advocate Lutheran General Hospital
Advocate Health Care
P.O. Box: 4249
Carol Stream, IL 60197

Advocate Medical Group
P.O. Box: 92523
Chicago, IL 60675-2523

AMERICAN HONDA FINANCE
2170 POINT BLVD; SUITE 100
ELGIN, IL 60123

ARS National Services, Inc
P.O. Box 469100
Escondido, CA 92046-9100

Bank of America
PO Box 982236
El Paso, TX 79998

Bank of America
400 Christiana Road
Newark, DE 19713

Bank of America
PO Box 982235
El Paso, TX 79998

Bank of America
P.O. Box 982235
El Paso, TX 79998

Capital One
1441 Schilling Place
Salinas, CA 93901

CAPITAL ONE
PO BOX 85064
GLENN ALLEN VA 23058

Capital One - BK
PO Box 85167
Richmond VA 23285.5167

Capital One/Best Buy
1405 Foulk Roud
Wilmington, DE 19808

CB/JCREW
P.O. Box 182273
Columbus, OH 43218

CBNA
PO Box 15687
Wilmington, DE 19880

Chase
201 N Walnut St
Mailstop DE1-1027
Wilmington, DE 19801

Chase Card
800 Brooksedge Blvd
Westerville, OH 43081

Citi
P.O. Box 6500
Sioux Falls, SD 57117

Citi
P.O. Box 6500 C/O Citi Corp
Sioux Falls, SD 57117

Citi
PO Box 6500 C/O Citi Corp
Sioux Falls, SD 57117

Citizens One
1000 Lafayette Blvd.,
Bridgeport, CA 06604

CLIENT SERVICES
3451 HARRY S TRUMAN BLVD
SAINT CHARLES, MO 63301-4047

Comenity Bank
P.O. Box 182125
Columbus, OH 43218-2125

Credit Control, LLC
P.O. Box: 546
Hazelwood, MO 63042-0546

Department of Education
P.O. Box: 9655
Wilkes-Barre, PA 18773

Discover Bank
P.O. Box 15316
Wilmington, DE 19850

Global Credit & Collection Corp
5440 N. Cumberland Ave., Suite 300
Chicago, IL 60656-1490

Harris & Harris Ltd
111 West Jackson Boulevard
Suite 400
Chicago, IL 60604-4134

IL Bone and Joint Institute
5057 Paysphere Circle,
Chicago, IL 60674

IL BONE AND JOINT INSTITUTE REHAB
5057 PAYSHERE CIRCLE
CHICAGO, IL 60674-5057

Illinois Collection Service, Inc
P.O. Box: 1010
Tinley Park, IL 60477-9110

MCYDSNB
9111 Duke Blvd.
Mason OH 45040

Midland Credit Management, Inc
8875 Arrow Drive Suite 200
San Diego CA 92123

NATIONWIDE CREDIT, INC
P.O. BOX: 14581
DES MOINES, IA 50306-3581

NES of Ohio
29125 Solon Rd
Solon, OH 44139-3442

Northland Group Inc.
PO Box 390900
Minneapolis, MN 55439
Mail Code UBNB

NORTHLAND GROUP, INC
P.O. BOX: 390846
MAIL CODE S0062
MINNEAPOLIS, MN 55439

NorthShore University HealthSystem
Billing Department
23056 Network Place
Chicago, IL 60673-1230

Ocwen Loan Servicing
12650 Ingenuity Dr.,
Orlando, FL 32826

Pinnacle Management Services
830 Roundabout, Suite B
West Dundee, IL 60118

PNC Bank
P.O. Box 500k-A16-2j
Portage, MI 888-762-2265

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Pittsburgh. PA 15222

Portfolio Recovery Associates LLC
P.O. Box 12914
Norfolk, VA 23541

Ravine Way Surgerry Center LLC
231 West Dresden
Palatine, IL 60067

SUNRISE CREDIT SERVICES, INC
P.O. BOX: 9100
FARMINGDALE, NY 11735-9100

SYNCB/GAP
PO BOX 981400
El Paso, TX 79998

United Collection Bureau inc
5620 Southwyck Blvd #206
Toledo, OH 43614

UNITED RECOVERY SERVICE, L.L.C.
18525 TORRENCE AVE., SUITE C-6
LANSING, IL 60438

United Recovery Systems, LP
PO Box 722929
Houston, TX 77272-2929

US Bank
3881 Gravois Ave
St. Louis MO 63116

Van Ru Credit Corp
1350 E Touhy Ave., Suite 300E
Des Plaines, IL 60018-9207

Weltman, Weinberg & Reis Co., LPA
323 W Lakeside Ave., Suite 200
Cleveland, OH 44113-1009

Advocate Lutheran General Hospi
Advocate Health Care
P.O. Box: 4249
Carol Stream, IL 60197

Capital One - BK
PO Box 85167
Richmond VA 23285.5167

CLIENT SERVICES
3451 HARRY S TRUMAN BLVD
SAINT CHARLES, MO 63301-4047

Advocate Medical Group
P.O. Box: 92523
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Credit Control, LLC
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Chase
201 N Walnut St
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Discover Bank
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400 Christiana Road
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IL BONE AND JOINT INSTITUTE R
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1000 Lafayette Blvd.,
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Illinois Collection Service,
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NorthShore University HealthSys
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PNC Bank
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Van Ru Credit Corp
1350 E Touhy Ave., Suite 300E
Des Plaines, IL 60018-9207

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)**

IN RE: **Michael Fasman
Dina Fasman**

CASE NO.

CHAPTER 7

CERTIFICATE OF SERVICE

I, the undersigned, hereby certify that on July 9, 2017, a copy of the attached Chapter 13 Plan, with any attachments, was served on each party in interest listed below, by placing each copy in an envelope properly addressed, postage fully prepaid in compliance with Local Rules.

Date: 7/9/2017

Attorney for the Debtor(s)

Advocate Lutheran General Hospital
347554032
Advocate Health Care
P.O. Box: 4249
Carol Stream, IL 60197

Bank of America

400 Christiana Road
Newark, DE 19713

Capital One
318836298055
1441 Schilling Place
Salinas, CA 93901

Advocate Medical Group
100326355
P.O. Box: 92523
Chicago, IL 60675-2523

Bank of America
4147-3710-4982-7216
PO Box 982235
El Paso, TX 79998

CAPITAL ONE

PO BOX 85064
GLENN ALLEN VA 23058

AMERICAN HONDA FINANCE
182028074
2170 POINT BLVD; SUITE 100
ELGIN, IL 60123

Bank of America
5466-3309-9926-3681
PO Box 982235
El Paso, TX 79998

Capital One - BK
48102856464
PO Box 85167
Richmond VA 23285.5167

ARS National Services, Inc
32341491
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Bank of America
5466-3204-0681-8961
PO Box 982235
El Paso, TX 79998

Capital One - BK
601604-7847274987
PO Box 85167
Richmond VA 23285.5167

Bank of America
5490-3514-1401-8831
PO Box 982236
El Paso, TX 79998

Bank of America
4800-1159-9658-0031
P.O. Box 982235
El Paso, TX 79998

Capital One - BK
601604-7844775960
PO Box 85167
Richmond VA 23285.5167

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)**

IN RE: **Michael Fasman**
Dina Fasman

CASE NO.

CHAPTER 7

CERTIFICATE OF SERVICE

(Continuation Sheet #1)

Capital One/Best Buy
169601-1175725198
1405 Foulk Roud
Wilmington, DE 19808

Citi
542418075926
P.O. Box 6500
Sioux Falls, SD 57117

CLIENT SERVICES
22656574
3451 HARRY S TRUMAN BLVD
SAINT CHARLES, MO 63301-4047

CB/JCREW
585637200804
P.O. Box 182273
Columbus, OH 43218

Citi
518752020749
P.O. Box 6500
Sioux Falls, SD 57117

CLIENT SERVICES
22306387
3451 HARRY S TRUMAN BLVD
SAINT CHARLES, MO 63301-4047

CBNA
629404237
PO Box 15687
Wilmington, DE 19880

Citi
546616014772
P.O. Box 6500 C/O Citi Corp
Sioux Falls, SD 57117

Comenity Bank

P.O. Box 182125
Columbus, OH 43218-2125

Chase
426684128416
201 N Walnut St
Mailstop DE1-1027
Wilmington, DE 19801

Citi
412800385407
PO Box 6500 C/O Citi Corp
Sioux Falls, SD 57117

Credit Control, LLC
PRS12943807
P.O. Box: 546
Hazelwood, MO 63042-0546

Chase Card
518337247001
800 Brooksedge Blvd
Westerville, OH 43081

Citizens One
554514100183
1000 Lafayette Blvd.,
Bridgeport, CA 06604

Credit Control, LLC
PRS12944820
P.O. Box: 546
Hazelwood, MO 63042-0546

Chase Card
426684106546
800 Brooksedge Blvd
Westerville, OH 43081

CLIENT SERVICES
22655528
3451 HARRY S TRUMAN BLVD
SAINT CHARLES, MO 63301-4047

Credit Control, LLC
PRS12945163
P.O. Box: 546
Hazelwood, MO 63042-0546

Chase Card
426688006526
800 Brooksedge Blvd
Westerville, OH 43081

CLIENT SERVICES
22655913
3451 HARRY S TRUMAN BLVD
SAINT CHARLES, MO 63301-4047

Department of Education
90994009641E00220130
P.O. Box: 9655
Wilkes-Barre, PA 18773

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)**

IN RE: **Michael Fasman**
Dina Fasman

CASE NO.

CHAPTER 7

CERTIFICATE OF SERVICE

(Continuation Sheet #2)

Discover Bank
601100748028
P.O. Box 15316
Wilmington, DE 19850

IL BONE AND JOINT INSTITUTE
REHAB
P1475492
5057 PAYSHERE CIRCLE
CHICAGO, IL 60674-5057

NES of Ohio
19984718
29125 Solon Rd
Solon, OH 44139-3442

Global Credit & Collection Corp
2201744022017440
5440 N. Cumberland Ave., Suite 300
Chicago, IL 60656-1490

Illinois Collection Service, Inc
16818019
P.O. Box: 1010
Tinley Park, IL 60477-9110

NES of Ohio
19984682
29125 Solon Rd
Solon, OH 44139-3442

Global Credit & Collection Corp
2201758922017589
5440 N. Cumberland Ave., Suite 300
Chicago, IL 60656-1490

MCYDSNB

9111 Duke Blvd.
Mason OH 45040

Northland Group Inc.
F63800600
PO Box 390900
Minneapolis, MN 55439
Mail Code UBNB

Global Credit & Collection Corp
2201844922018449
5440 N. Cumberland Ave., Suite 300
Chicago, IL 60656-1490

Michael Fasman
1402 Nottingham Ct., Suite C2
Wheeling, IL 60090

NORTHLAND GROUP, INC
F78616763
P.O. BOX: 390846
MAIL CODE S0062
MINNEAPOLIS, MN 55439

Harris & Harris Ltd
2664644
111 West Jackson Boulevard
Suite 400
Chicago, IL 60604-4134

Midland Credit Management, Inc
8565802957
8875 Arrow Drive Suite 200
San Diego CA 92123

NorthShore University HealthSystem
1708198
Billing Department
23056 Network Place
Chicago, IL 60673-1230

Harris & Harris Ltd
26646244
111 West Jackson Boulevard
Suite 400
Chicago, IL 60604-4134

NATIONWIDE CREDIT, INC
17079348474
P.O. BOX: 14581
DES MOINES, IA 50306-3581

Ocwen Loan Servicing
602195492
12650 Ingenuity Dr.,
Orlando, FL 32826

IL Bone amd Joint Institute
P1475492
5057 Paysphere Circle,
Chicago, IL 60674

NES of Ohio
19984495
29125 Solon Rd
Solon, OH 44139-3442

Pinnacle Management Services
37905701
830 Roundabout, Suite B
West Dundee, IL 60118

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)**

IN RE: **Michael Fasman
Dina Fasman**

CASE NO.

CHAPTER 7

CERTIFICATE OF SERVICE

(Continuation Sheet #3)

Pinnacle Management Services
37909014
830 Roundabout, Suite B
West Dundee, IL 60118

United Collection Bureau inc
53870510
5620 Southwyck Blvd #206
Toledo, OH 43614

PNC Bank
431196602716
P.O. Box 500k-A16-2j
Portage, MI 888-762-2265

UNITED RECOVERY SERVICE, L.L.C.
500707734
18525 TORRENCE AVE., SUITE C-6
LANSING, IL 60438

PNC Bank
4311-9670-5711-7562
P.O. Box 3180
Pittsburgh, PA 15222

United Recovery Systems, LP
XXXX/5764
PO Box 722929
Houston, TX 77272-2929

Portfolio Recovery Associates LLC
5856372008045087
P.O. Box 12914
Norfolk, VA 23541

US Bank
403784004393
3881 Gravois Ave
St. Louis MO 63116

Ravine Way Surgerry Center LLC
23699-1
231 West Dresden
Palatine, IL 60067

Van Ru Credit Corp
36210511-0207494055
1350 E Touhy Ave., Suite 300E
Des Plaines, IL 60018-9207

SUNRISE CREDIT SERVICES, INC
25794052
P.O. BOX: 9100
FARMINGDALE, NY 11735-9100

Weltman, Weinberg & Reis Co., LPA
20998381
323 W Lakeside Ave., Suite 200
Cleveland, OH 44113-1009

SYNCB/GAP
447994135443
PO BOX 981400
El Paso, TX 79998

UNITED STATES BANKRUPTCY COURT FOR THE

*NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION (CHICAGO)*

In re:
Michael Fasman

Case No.:

SSN: **xxx-xx-8597**

Dina Fasman

SSN: **xxx-xx-9889**

Debtor(s)

Numbered Listing of Creditors

Address:

**1402 Nottingham Ct., Suite C2
Wheeling, IL 60090**

Chapter: **7**

Creditor name and mailing address	Category of claim	Amount of claim
1. Advocate Lutheran General Hospital Advocate Health Care P.O. Box: 4249 Carol Stream, IL 60197 347554032	Unsecured Claim	\$344.01
2. Advocate Medical Group P.O. Box: 92523 Chicago, IL 60675-2523 100326355	Unsecured Claim	\$49.16
3. AMERICAN HONDA FINANCE 2170 POINT BLVD; SUITE 100 ELGIN, IL 60123 182028074	Secured Claim	\$5,627.32
4. ARS National Services, Inc P.O. Box 469100 Escondido, CA 92046-9100 32341491	Unsecured Claim	\$18,564.09
5. Bank of America PO Box 982236 El Paso, TX 79998 5490-3514-1401-8831	Unsecured Claim	\$3,000.00
6. Bank of America 400 Christiana Road Newark, DE 19713 ****	Unsecured Claim	\$3,000.00

in re: **Michael Fasman**

Debtor

Case No. (if known)

	Creditor name and mailing address	Category of claim	Amount of claim
7.	Bank of America PO Box 982235 El Paso, TX 79998 4147-3710-4982-7216	Unsecured Claim	\$2,887.00
8.	Bank of America PO Box 982235 El Paso, TX 79998 5466-3309-9926-3681	Unsecured Claim	\$8,126.00
9.	Bank of America PO Box 982235 El Paso, TX 79998 5466-3204-0681-8961	Unsecured Claim	\$6,882.00
10.	Bank of America P.O. Box 982235 El Paso, TX 79998 4800-1159-9658-0031	Unsecured Claim	\$5,755.00
11.	Capital One 1441 Schilling Place Salinas, CA 93901 318836298055	Unsecured Claim	\$5.00
12.	CAPITAL ONE PO BOX 85064 GLENN ALLEN VA 23058 *****	Unsecured Claim	\$500.00
13.	Capital One - BK PO Box 85167 Richmond VA 23285.5167 48102856464	Unsecured Claim	\$505.00
14.	Capital One - BK PO Box 85167 Richmond VA 23285.5167 601604-7847274987	Unsecured Claim	\$304.00
15.	Capital One - BK PO Box 85167 Richmond VA 23285.5167 601604-7844775960	Unsecured Claim	\$1,000.00

in re: **Michael Fasman**

Debtor

Case No. (if known)

	Creditor name and mailing address	Category of claim	Amount of claim
16.	Capital One/Best Buy 1405 Foulk Roud Wilmington, DE 19808 169601-1175725198	Unsecured Claim	\$109.00
17.	CB/JCREW P.O. Box 182273 Columbus, OH 43218 585637200804	Unsecured Claim	\$981.00
18.	CBNA PO Box 15687 Wilmington, DE 19880 629404237	Unsecured Claim	\$600.00
19.	Chase 201 N Walnut St Mailstop DE1-1027 Wilmington, DE 19801 426684128416	Unsecured Claim	\$4,254.00
20.	Chase Card 800 Brooksedge Blvd Westerville, OH 43081 518337247001	Unsecured Claim	\$5,100.00
21.	Chase Card 800 Brooksedge Blvd Westerville, OH 43081 426684106546	Unsecured Claim	\$1,800.00
22.	Chase Card 800 Brooksedge Blvd Westerville, OH 43081 426688006526	Unsecured Claim	\$5,000.00
23.	Citi P.O. Box 6500 Sioux Falls, SD 57117 542418075926	Unsecured Claim	\$4,000.00
24.	Citi P.O. Box 6500 Sioux Falls, SD 57117 518752020749	Unsecured Claim	\$4,000.00

in re: **Michael Fasman**

Debtor		Case No. (if known)
Creditor name and mailing address	Category of claim	Amount of claim
25. Citi P.O. Box 6500 C/O Citi Corp Sioux Falls, SD 57117 546616014772	Unsecured Claim	\$18,564.00
26. Citi PO Box 6500 C/O Citi Corp Sioux Falls, SD 57117 412800385407	Unsecured Claim	\$3,317.00
27. Citizens One 1000 Lafayette Blvd., Bridgeport, CA 06604 554514100183	Unsecured Claim	\$4,210.00
28. CLIENT SERVICES 3451 HARRY S TRUMAN BLVD SAINT CHARLES, MO 63301-4047 22655528	Unsecured Claim	\$8,130.00
29. CLIENT SERVICES 3451 HARRY S TRUMAN BLVD SAINT CHARLES, MO 63301-4047 22655913	Unsecured Claim	\$5,756.00
30. CLIENT SERVICES 3451 HARRY S TRUMAN BLVD SAINT CHARLES, MO 63301-4047 22656574	Unsecured Claim	\$6,883.00
31. CLIENT SERVICES 3451 HARRY S TRUMAN BLVD SAINT CHARLES, MO 63301-4047 22306387	Unsecured Claim	\$1,064.00
32. Comenity Bank P.O. Box 182125 Columbus, OH 43218-2125 ****	Unsecured Claim	\$1,000.00
33. Credit Control, LLC P.O. Box: 546 Hazelwood, MO 63042-0546 PRS12943807	Unsecured Claim	\$8,126.35

in re: **Michael Fasman**

Debtor

Case No. (if known)

	Creditor name and mailing address	Category of claim	Amount of claim
34.	Credit Control, LLC P.O. Box: 546 Hazelwood, MO 63042-0546 PRS12944820	Unsecured Claim	\$6,882.86
35.	Credit Control, LLC P.O. Box: 546 Hazelwood, MO 63042-0546 PRS12945163	Unsecured Claim	\$5,755.34
36.	Department of Education P.O. Box: 9655 Wilkes-Barre, PA 18773 90994009641E00220130	Unsecured Claim	\$12,303.00
37.	Discover Bank P.O. Box 15316 Wilmington, DE 19850 601100748028	Unsecured Claim	\$6,180.00
38.	Global Credit & Collection Corp 5440 N. Cumberland Ave., Suite 300 Chicago, IL 60656-1490 2201744022017440	Unsecured Claim	\$6,882.86
39.	Global Credit & Collection Corp 5440 N. Cumberland Ave., Suite 300 Chicago, IL 60656-1490 2201758922017589	Unsecured Claim	\$8,126.35
40.	Global Credit & Collection Corp 5440 N. Cumberland Ave., Suite 300 Chicago, IL 60656-1490 2201844922018449	Unsecured Claim	\$5,755.34
41.	Harris & Harris Ltd 111 West Jackson Boulevard Suite 400 Chicago, IL 60604-4134 2664644	Unsecured Claim	\$365.00
42.	Harris & Harris Ltd 111 West Jackson Boulevard Suite 400 Chicago, IL 60604-4134 26646244	Unsecured Claim	\$365.00

in re: **Michael Fasman**

Debtor

Case No. (if known)

	Creditor name and mailing address	Category of claim	Amount of claim
43.	IL Bone amd Joint Institute 5057 Paysphere Circle, Chicago, IL 60674 P1475492	Unsecured Claim	\$1,569.75
44.	IL Bone amd Joint Institute 5057 Paysphere Circle, Chicago, IL 60674 P1475492	Unsecured Claim	\$129.76
45.	IL Bone amd Joint Institute 5057 Paysphere Circle, Chicago, IL 60674 P1475492	Unsecured Claim	\$335.00
46.	IL Bone amd Joint Institute 5057 Paysphere Circle, Chicago, IL 60674 P1475492	Unsecured Claim	\$1,608.00
47.	IL Bone amd Joint Institute 5057 Paysphere Circle, Chicago, IL 60674 P1475492	Unsecured Claim	\$33.99
48.	IL Bone amd Joint Institute 5057 Paysphere Circle, Chicago, IL 60674 P1475492	Unsecured Claim	\$129.76
49.	IL Bone amd Joint Institute 5057 Paysphere Circle, Chicago, IL 60674 P1475492	Unsecured Claim	\$144.58
50.	IL Bone amd Joint Institute 5057 Paysphere Circle, Chicago, IL 60674 P1475492	Unsecured Claim	\$77.87
51.	IL Bone amd Joint Institute 5057 Paysphere Circle, Chicago, IL 60674 P1475492	Unsecured Claim	\$1,940.23

in re: **Michael Fasman**

Debtor

Case No. (if known)

	Creditor name and mailing address	Category of claim	Amount of claim
52.	IL Bone amd Joint Institute 5057 Paysphere Circle, Chicago, IL 60674 P1475492	Unsecured Claim	\$1,608.26
53.	IL Bone amd Joint Institute 5057 Paysphere Circle, Chicago, IL 60674 P1475492	Unsecured Claim	\$2,058.43
54.	IL Bone amd Joint Institute 5057 Paysphere Circle, Chicago, IL 60674 P1475492	Unsecured Claim	\$144.58
55.	IL BONE AND JOINT INSTITUTE REHAB 5057 PAYSHERE CIRCLE CHICAGO, IL 60674-5057 P1475492	Unsecured Claim	\$203.86
56.	IL BONE AND JOINT INSTITUTE REHAB 5057 PAYSHERE CIRCLE CHICAGO, IL 60674-5057 P1475492	Unsecured Claim	\$183.26
57.	Illinois Collection Service, Inc P.O. Box: 1010 Tinley Park, IL 60477-9110 16818019	Unsecured Claim	\$1,485.78
58.	MCYDSNB 9111 Duke Blvd. Mason OH 45040 ****	Unsecured Claim	\$100.00
59.	Midland Credit Management, Inc 8875 Arrow Drive Suite 200 San Diego CA 92123 8565802957	Unsecured Claim	\$9,139.00
60.	NATIONWIDE CREDIT, INC P.O. BOX: 14581 DES MOINES, IA 50306-3581 17079348474	Unsecured Claim	\$4,255.00

in re: **Michael Fasman**

Debtor		Case No. (if known)
Creditor name and mailing address	Category of claim	Amount of claim
61. NES of Ohio 29125 Solon Rd Solon, OH 44139-3442 19984495	Unsecured Claim	\$5,755.34
62. NES of Ohio 29125 Solon Rd Solon, OH 44139-3442 19984718	Unsecured Claim	\$8,126.35
63. NES of Ohio 29125 Solon Rd Solon, OH 44139-3442 19984682	Unsecured Claim	\$6,882.86
64. Northland Group Inc. PO Box 390900 Minneapolis, MN 55439 Mail Code UBNB F63800600	Unsecured Claim	\$10,951.68
65. NORTHLAND GROUP, INC P.O. BOX: 390846 MAIL CODE S0062 MINNEAPOLIS, MN 55439 F78616763	Unsecured Claim	\$3,282.00
66. NorthShore University HealthSystem Billing Department 23056 Network Place Chicago, IL 60673-1230 1708198	Unsecured Claim	\$304.50
67. Ocwen Loan Servicing 12650 Ingenuity Dr., Orlando, FL 32826 602195492	Secured Claim	\$189,474.78
68. Pinnacle Management Services 830 Roundabout, Suite B West Dundee, IL 60118 37905701	Unsecured Claim	\$240.20
69. Pinnacle Management Services 830 Roundabout, Suite B West Dundee, IL 60118 37909014	Unsecured Claim	\$64.30

in re: **Michael Fasman**

Debtor

Case No. (if known)

	Creditor name and mailing address	Category of claim	Amount of claim
70.	PNC Bank P.O. Box 500k-A16-2j Portage, MI 888-762-2265 431196602716	Unsecured Claim	\$1,500.00
71.	PNC Bank P.O. Box 3180 Pittsburgh, PA 15222 4311-9670-5711-7562	Unsecured Claim	\$8,800.00
72.	Portfolio Recovery Associates LLC P.O. Box 12914 Norfolk, VA 23541 5856372008045087	Unsecured Claim	\$981.55
73.	Ravine Way Surgerry Center LLC 231 West Dresden Palatine, IL 60067 23699-1	Unsecured Claim	\$1,485.78
74.	SUNRISE CREDIT SERVICES, INC P.O. BOX: 9100 FARMINGDALE, NY 11735-9100 25794052	Unsecured Claim	\$20,764.55
75.	SYNCB/GAP PO BOX 981400 El Paso, TX 79998 447994135443	Unsecured Claim	\$1,024.00
76.	United Collection Bureau inc 5620 Southwyck Blvd #206 Toledo, OH 43614 53870510	Unsecured Claim	\$3,317.10
77.	UNITED RECOVERY SERVICE, L.L.C. 18525 TORRENCE AVE., SUITE C-6 LANSING, IL 60438 500707734	Unsecured Claim	\$49.16
78.	United Recovery Systems, LP PO Box 722929 Houston, TX 77272-2929 XXXX/5764	Unsecured Claim	\$10,951.68

in re: **Michael Fasman**

Debtor		Case No. (if known)
Creditor name and mailing address	Category of claim	Amount of claim
79. US Bank 3881 Gravois Ave St. Louis MO 63116 403784004393	Unsecured Claim	\$10,951.00
80. Van Ru Credit Corp 1350 E Touhy Ave., Suite 300E Des Plaines, IL 60018-9207 36210511-0207494055	Unsecured Claim	\$218.10
81. Weltman, Weinberg & Reis Co., LPA 323 W Lakeside Ave., Suite 200 Cleveland, OH 44113-1009 20998381	Unsecured Claim	\$8,800.00

(The penalty for making a false statement or concealing property is a fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. secs. 152 and 3571.)

DECLARATION

I, **Michael Fasman**

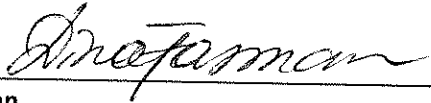
named as debtor in this case, declare under penalty of perjury that I have read the foregoing *Numbered Listing of Creditors*, consisting of 10 sheets (including this declaration), and that it is true and correct to the best of my information and belief.

Debtor:


Michael Fasman

Date: 7/9/2017

Spouse:


Dina Fasman

Date: 7/9/2017

Underlying Allowances (as of 07/12/2017)

In re: **Michael Fasman**
Dina Fasman

Case Number:
Chapter: 7

Median Income Information	
State of Residence	Illinois
Household Size	4
Median Income per Census Bureau Data	\$91,216.00

National Standards: Food, Clothing, Household Supplies, Personal Care, and Miscellaneous	
Region	US
Family Size	4
Gross Monthly Income	\$5,648.95
Income Level	Not Applicable
Food	\$845.00
Housekeeping Supplies	\$65.00
Apparel and Services	\$293.00
Personal Care Products and Services	\$77.00
Miscellaneous	\$370.00
Additional Allowance for Family Size Greater Than 4	\$0.00
Total	\$1,650.00

National Standards: Health Care (only applies to cases filed on or after 1/1/08)	
Household members under 65 years of age	
Allowance per member	\$49.00
Number of members	0
Subtotal	\$0.00
Household members 65 years of age or older	
Allowance per member	\$117.00
Number of members	0
Subtotal	\$0.00
Total	\$0.00

Local Standards: Housing and Utilities	
State Name	Illinois
County or City Name	Cook County
Family Size	Family of 4
Non-Mortgage Expenses	\$684.00
Mortgage/Rent Expense Allowance	\$1,773.00
Minus Average Monthly Payment for Debts Secured by Home	\$3,157.91
Equals Net Mortgage/Rental Expense	\$0.00
Housing and Utilities Adjustment	\$0.00

Underlying Allowances (as of 07/12/2017)

In re: **Michael Fasman**
Dina Fasman

Case Number:
Chapter: 7

Local Standards: Transportation; Vehicle Operation/Public Transportation		
Transportation Region	Chicago	
Number of Vehicles Operated	1	
Allowance	\$241.00	
Local Standards: Transportation; Additional Public Transportation Expense		
Transportation Region	Chicago	
Allowance (if entitled)	\$189.00	
Amount Claimed	\$0.00	
Local Standards: Transportation; Ownership/Lease Expense		
Transportation Region	Chicago	
Number of Vehicles with Ownership/Lease Expense	1	
	First Car	Second Car
Allowance	\$485.00	
Minus Average Monthly Payment for Debts Secured by Vehicle	\$93.79	
Equals Net Ownership / Lease Expense	\$391.21	